Fill in this info	ormation to identify your case:					irected in this form and	in Form
Debtor 1	Melissa Kaye Mouradian		122	2A-1Supp):		
Debtor 2 (Spouse, if filing)				■ 1. The	re is no pres	umption of abuse	
United States Bankruptcy Court for the: Western District of Wisconsin				☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i>			
Case number (if known)			,	Calculation (Official Form 122A-2). □ 3. The Means Test does not apply now because of			
()						does not apply now be service but it could ap	
				☐ Chec	k if this is a	n amended filing	
	Form 122A - 1						
Chapte	r 7 Statement of Your Cui	rent Mon	thly Inc	ome			12/1
attach a separ case number (qualifying mili	e and accurate as possible. If two married people atte sheet to this form. Include the line number to vif known). If you believe that you are exempted fro tary service, complete and file Statement of Exemple Calculate Your Current Monthly Income so your marital and filing status? Check one or	which the additiona m a presumption o ption from Presum	al information a of abuse becau	applies. Oi se you do	n the top of a not have prir	ny additional pages, wri narily consumer debts o	te your name and or because of
_	married. Fill out Column A, lines 2-11.	ııy.					
	ried and your spouse is filing with you. Fill o	it both Columns	A and B lines	2-11			
	ried and your spouse is NOT filing with you.			2-11.			
_	ving in the same household and are not lega		•	lumns A a	and B. lines 2	P-11.	
□ Li p	ving separately or are legally separated. Fill enalty of perjury that you and your spouse are living apart for reasons that do not include evadi	out Column A, lin egally separated	nes 2-11; do no under nonban	ot fill out C kruptcy la	Column B. By aw that appli	checking this box, you	
101(10A). F the 6 month	overage monthly income that you received from all for example, if you are filing on September 15, the 6-n is, add the income for all 6 months and divide the tota in the same rental property, put the income from that p	nonth period would I by 6. Fill in the res	be March 1 throught. Do not include	ugh August de any inco	31. If the amo	ount of your monthly incor ore than once. For examp	ne varied during ole, if both
				Column Debtor		Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).				\$	2,806.00	\$	
	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.				0.00	\$	
of you from an and roo	4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.						
	ome from operating a business, profession,						
		Debt \$ 0.00	tor 1				
	eceipts (before all deductions) y and necessary operating expenses	-\$ 0.00					
	y and necessary operating expenses nthly income from a business, profession, or far	0.00	Copy here ->	\$	0.00	\$	
	ome from rental and other real property	т					
		Debt	tor 1				
Gross r	eceipts (before all deductions)	\$ 0.00					
	y and necessary operating expenses	-\$ 0.00	Conv hore :	¢	0.00	¢	
	nthly income from rental or other real property	\$	Copy here ->		0.00	\$	
7. Interes	t, dividends, and royalties			\$	0.00	₹	

Official Form 122A-1

Case 1-18-13675-bhl Doc 3 Filed 11/01/18 Entered 11/01/18 12:44:54 Desc Main Document Page 2 of 2

Melissa Kaye Mouradian Debtor 1 Case number (if known) Column A Column R Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 \$ benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 2.806.00 2.806.00 2. \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 2,806.00 Multiply by 12 (the number of months in a year) **x** 12 33,672.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: WI Fill in the state in which you live. 2 Fill in the number of people in your household. 65,097.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Melissa Kaye Mouradian Melissa Kaye Mouradian Signature of Debtor 1 Date November 1, 2018 MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.